FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



115	15	00	\mathcal{L}		
OMB APPROVAL					
OMB Number Expires: No Estimated a	May 31				
hours per re			1.00		



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Sale of Series C and Series D Preferred Stock	
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	160 × 520 ×
A. BASIC IDENTIFICATION DATA	// / Yu.
Enter the information requested about the issuer	APR DC your WY
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	~ COU? >>
Digeo, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
8815 122 nd Avenue, NE, Kirkland, WA 98033	(425) 896-6000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Same as above	Same as above
Brief Description of Business: Development of interactive TV platforms and services for cable com	panies.
Type of Business Organization corporation	er (please specify):
Usiness dust Innited parties in p, to be formed	
	Actual Estimated MAY 0 7 2004
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	MAY 0 7 2007
CN for Canada; FN for other foreign jurisdiction)	E THOMSON

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTI	FICATION DATA		
Each beneficial own securities of the issuEach executive office	e issuer, if the issumer having the porer; er; er and director of	er has been organized with wer to vote or dispose, or corporate issuers and of co	direct the vote or dispos		
Each general and ma	anaging partner of	<u> </u>	·		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Billmaier, James A	•				
Business or Residence Addres c/o Digeo, Inc., 881		reet, City, State, Zip Code) Kirkland, WA 98033			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Kolde, Bert	individual)				
Business or Residence Addres c/o Digeo, Inc., 881		reet, City, State, Zip Code) Kirkland, WA 98033			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Tachibana, Hirohis					
Business or Residence Addres		reet, City, State, Zip Code) Kirkland, WA 98033			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Grina, Thomas A.	individual)		Michigan Carlos (Marie Salas Carlos C		
Business or Residence Addres		reet, City, State, Zip Code) Kirkland, WA 98033			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Allen Paul G.	individual)				
Business or Residence Address Vulcan Ventures In		reet, City, State, Zip Code) outh, Suite 900, Seattle, W		Nind date.	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Fawaz, Marwan	individual)				
Business or Residence Address		reet, City, State, Zip Code)		CO 80111	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if Vogel, Carl E.	individual)			<u>, </u>	
Business or Residence Address	•	reet, City, State, Zip Code) 14 Powerscourt Drive, St.			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each ceneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Troutman, Nathan Business or Residence Address (Number and Street, City, State, Zip Code) Vulcan Ventures Inc., 505 5th Ave South, Suite 900, Seattle, WA 98104 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Vulcan Ventures, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 505 5th Ave South, Suite 900, Seattle, WA 98104 Promoter Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Charter Communications, Inc., Business or Residence Address (Number and Street, City, State, Zip Code) 12444 Powerscourt Drive, St. Louis, MO 63131 ☐ Promoter Beneficial Owner ☐ Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) **DBroadband Holdings, LLC** Business or Residence Address (Number and Street, City, State, Zip Code) c/o Charter Communications, Inc., 12444 Powerscourt Drive, St. Louis, MO 63131 ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Beneficial Owner ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					I	3. INFOR	MATION	ABOUT O	FFERING				
												Yes	No
1,.	Has the	e isstier s	old, or doe	es the issu							•••••		\boxtimes
						• •	•	•	ng under UI				
2.	What i	is the min	iimum inve	estment th	at will be	accepted fr	om any ind	ividual?				\$ <u>N/</u>	<u>A</u>
YesN 3.		he offerir	ng permit j	oint owne	rship of a	single unit	?					🛛	<u></u> .
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for the broker or dealer only.													
Full 1		(Last nan I/ A	ne first, if i	ndividual)	•							
Busir	ness or	Residen	ce Address	s (Number	and Stree	t, City, Sta	te, Zip Cod	e)					
Name	e of As	ssociated	Broker or	Dealer				<u> </u>			1-10-1-		
State	s in W	hich Pers	on Listed	Has Solic	ited or Inte	ends to Sol	icit Purchas	sers					<u> </u>
													☐ All States
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Full	Name ((Last nan	ne first, if i	individual)								
Busin	ness or	Residen	ce Address	s (Number	r and Stree	t, City, Sta	te, Zip Cod	e)					
Nam	e of As	ssociated	Broker or	Dealer	*				. tomber				
State	s in W	hich Pers	son Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers					
(C	heck ".	All State	s" or check	c individu	al States)	• • • • • • • • • • • • • • • • • • • •			•••••				All States
[A]	L1	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Busin	ness or	r Residen	ce Addres	s (Numbe	r and Stree	et, City, Sta	te, Zip Cod	le)					
Nam	e of As	ssociated	Broker or	Dealer			**	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security Debt	Aggregate Offering Price \$ -0-	Amount Already Sold \$ -0-
	Equity	\$ 190,000,000,0	
	☐ Common ☐ Preferred	3 170,000,000.0	5 139,000,000.00
	Convertible Securities (including warrants)	\$ -0 -	\$ -0-
	Partnership Interests	\$ -0-	\$ -0-
	Other (Specify)	\$ -0-	\$ -0-
	Total	\$ 190,000,000.0	0 \$ 139,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		······································
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the of their purchases. For offerings under Rule 504, indicate the number of persons who have pramount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	is offering and the urchased securities	and the aggregate dolla Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	2	\$139,000,000.00
	Non-accredited Investors	-0-	\$
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all secur of the types indicated, in the twelve (12) months prior to the first sale of securities in this offer Part C - Question 1.	rities sold by the issering. Classify sec	suer, to date, in offerings curities by type listed in
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$
	Regulation A	N/A	\$0-
	Rule 504	N/A	\$ <u>-0-</u>
	Total	N/A	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the s relating solely to organization expenses of the issuer. The information may be given as subject to expenditure is not known, furnish an estimate and check the box to the left of the estimate.	ecurities in this off o future contingenc	ering. Exclude amounts ries. If the amount of an
	Transfer Agent's Fees.		\$
	Printing and Engraving Costs		s
	Legal Fees.		X S To Be Determined
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finder's fees separately)		\$
	Other Expenses (identify)		□ s

S To Be Determined

	C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROCEE	DS	
	b. Enter the difference between the aggregate Question I and total expenses furnished in remarkable gross proceeds to the issuer."	ate offering price given in response to Part C- sponse to Part C - Question 4.a. This differen	ce is the	\$ 139,000,000.00	
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.				
			Payments to Officers, Directors, & Affiliates		
	Salaries and fees		□ \$	□ s	
				□ s	
	Purchase, rental or leasing and installation	on of machinery and equipment		□ s	
	Construction or leasing of plant building	s and facilities	□ \$	☐ \$	
	Acquisition of other business (including offering that may be used in exchange fo issuer pursuant to a merger)	the value of securities involved in this or the assets or securities of another		□ s	
	Repayment of indebtedness		□ \$	□ \$	
	Working capital		□ s	⊠ \$139,000,000.00	
	Other (specify):				
			□ \$	s	
			□ s	\$ 139,000,000.00	
	Total Payments Listed (column totals add	ded)	Σ	\$139,000,000.00	
		D. FEDERAL SIGNATURE			
ollo	issuer has duly caused this notice to be sign owing signature constitutes an undertaking by s staff, the information furnished by the issuer	the issuer to furnish to the U.S. Securities and	d Exchange Commission	, upon written request	
ssu	er (Print or Type)	Signature -	Date		
)ig	eo, Inc.	Aude lide	April <u>20</u> , 200)4	
lan	ne or Signer (Print or Type)	Title of Signer (Print or Type)			
lir	ohisa Tachibana	Secretary			